

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-weight: bold;">09/856104</div>	FILING DATE					
APPLICANT(S)							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5	/						55						
6	/						56						
7		/					57						
8		/					58						
9		/					59						
10	/						60						
11		/					61						
12		/					62						
13	/						63						
14		/					64						
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16		/					66						
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33		/					83						
34		/					84						
35		/					85						
36		①					86						
37		②					87						
38		③					88						
39		④					89						
40		⑤					90						
41		/					91						
42	/						92						
43	/						93						
44		/					94						
45		/					95						
46		/					96						
47		/					97						
48		⑥					98						
49	/						99						
50							100						
TOTAL IND.	13						TOTAL IND.						
TOTAL DEP.	36						TOTAL DEP.						
TOTAL CLAIMS	49						TOTAL CLAIMS						